

DISCRIMINATION COMPLAINT

DIVISION OF ACCESS AND EQUAL OPPORTUNITY PO BOX 45839			VOICE: (360) 753-7049 or 1-800-521-8060 TDD: (360) 586-4289 or 1-800-521-8061 FAX: (360) 586-7497 EMAIL: daeocomplaints@dshs.wa.gov	
NAME OF PERSON FILING COMPLAINT		TELE	EPHONE NUMBERS 1. WORK 2. HOME (OPTIONAL)	
HOME ADDRESS	STREET	CITY	STATE ZIP CODE	
NAME AND POSITION OF PERSON WHO DISCRIMINATED AGAINST YOU			TELEPHONE NUMBER	
ORGANIZATION/LOCATION CODE		CITY	STATE ZIP CODE	
Discrimination was in: Employment Service	Basis: Color Race Religion Age Sex Use of Dog	Marital Status National Origi Sexual Orient Guide or Service An	n Disabled Veteran ation Retaliation	
Please describe what happened and when (use extra page(s) if necessary):				
YOUR SIGNATURE			DATE	

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(Fold and tape here, if mailing.Do not staple)

Olympia, WA 98504-5839

PO Box 45839

Division of Access and Equal Opportunity

Social and Health Services Washington State Department of

Nondiscrimination Policy

This brochure contains:

- General information about the Department of Social and Health Services' (DSHS) policy on nondiscrimination, equal opportunity and discrimination complaint procedures; and,
- Describes the services available to persons who believe they have been discriminated against by DSHS.



Division of Access and Equal Opportunity

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English

Policy

It is the policy of DSHS that persons shall not be discriminated against (in employment or service) because of race, color, creed, religion, national origin, age, sex, presence of any sensory, mental or physical disability, or use of a trained dog guide or service animal by a person with a disability; and (in employment only) because of marital status, disabled veteran status or Vietnam Era veteran status; and (in state employment only) because of sexual orientation.

It is a violation of the DSHS Nondiscrimination Policy when inequitable practices, based on the above mentioned factors, occur in service delivery and/or employment. Some of these practices are listed as follows:

- Deny services or benefits;
- Refuse to hire or promote;
- Fail to provide appropriate interpreter services, including American Sign Language (ASL);
- Limit access to services because of inaccessible facilities;
- Fail to make reasonable accommodations to allow full participation of persons with disabilities in all programs, activities and services;

Deny the opportunity to act as a consultant or volunteer, or serve on committees and boards.

Nondiscrimination Plan

The DSHS Nondiscrimination Plan reflects the department's official policy and commitment that there shall be opportunity, free from discrimination, for all persons. The plan applies to services and employment by DSHS and it's sub-recipients of Federal financial assistance in all its programs and activities.

The DSHS Nondiscrimination Plan is consistent with Titles VI and VII of the Civil Rights Act of 1964, as amended in 1972; Executive Order 11250; Sections 503 and 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; the Age Discrimination in Employment Act of 1967; the 1974 Vietnam Era Veteran Readjustment Assistance Act, as amended; the Americans With Disabilities Act of 1990; the Civil Rights Act of 1991; the Washington State Law Against Discrimination, RCW 49.60; the Affirmative Action RCW 49.74, and the Washington State Governor's Executive Orders 89-01, 93-07 and 96-04.

A copy of DSHS' Nondiscrimination Plan is available at the Division of Access and Equal Opportunity (DAEO) or any DSHS office.

Discrimination Complaints

If you believe DSHS has discriminated against you, complete the discrimination complaint form on the back side of this brochure and forward to DAEO, within 180 days of the alleged discriminatory act(s).

If you know of discrimination based on the previously mentioned factors, contact DAEO.

In accordance with state and federal laws, you may also file a complaint with the following agencies:

- Washington State Human Rights Commission; 1-800-233-3247
- U.S. Department of Health and Human Services, Office for Civil Rights;
 1-800-362-1710
- U.S. Department of Justice;1-800-514-0301
- U.S. Equal Employment Opportunity Commission; 1-800-669-3362 or
- U.S. Department of Agriculture, Food and Nutrition Services (discrimination in administering the Food Stamp Program). Write to: Secretary of Agriculture, Washington, D.C. 20250

Filing a complaint with DAEO does not preserve the time frame for filing a complaint with any of the external agencies listed previously. You must contact each agency to determine the specific time frame (usually 180 calendar days) for filing complaints with them.

If you choose to complete the attached form, DAEO will determine jurisdiction, contact you, investigate the complaint and reach a finding. Confidentiality cannot be guaranteed; however, information will be treated as confidentially as possible.

If it is determined that discrimination has occurred, DAEO will initiate conciliation attempts and recommend remedial and corrective actions to eliminate the discriminatory practice(s).

Retaliation

State and federal laws and DSHS policy all prohibit retaliation. Any person, who has filed a complaint or assisted in the investigation of a complaint, shall not be intimidated, threatened, coerced, or discriminated against. Complaints of this nature must be filed within 180 calendar days of the alleged retaliatory act(s).